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ABSTRACT

These guidelines are based on the experiences of a number of librarians working in the area of library services for hospital patients and disabled people in the community, as well as work done previously by a number of national library associations. The guidelines indicate the essential features of services to disabled people and suggest alternative ways of setting up services according to local conditions. Topics covered include: the organization of library services for disabled people (needs and objectives, materials and equipment); non-medical hospital libraries including service in long-stay and specialist hospitals and institutions; services to housebound people (assessment of need, selection of material, publicity); education and training (general requirements, specific education and training, management, book and audiovisual material promotion); and representation within national library associations. Definitions of the terms used in the text and a list of standards and guidelines published by countries represented within the Section of Library Services to Hospital Patients and Handicapped Readers are also included. (THC)

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GUIDELINES FOR LIBRARIES SERVING HOSPITAL PATIENTS AND DISABLED PEOPLE IN THE COMMUNITY

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2
FLA PROFESSIONAL REPORTS

International Federation of Library Associations and Institutions

IFLA Professional Reports, No. 2

GUIDELINES
FOR LIBRARIES SERVING
HOSPITAL PATIENTS AND DISABLED PEOPLE
IN THE COMMUNITY

Compiled by a working group chaired by Jean M. Clark under the auspices
of the Section of Library Services to Hospital Patients and Handicapped
Readers

IFLA Headquarters, The Hague, 1984

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Definitions of terms used in the text

ACUTE HOSPITALS

A hospital in which a large percentage of its general medical and surgical patients are warded for a short period of time approx. 10-12 days. An acute hospital may also have units attached to it in which patients are warded for much longer periods.

ADAPTED BOOKS FOR
PEOPLE WITH
READING PROBLEMS

Books in which the vocabulary, space between the words and lines, illustrations etc. are modified in consideration of the needs of people with weak reading/language abilities.

COMBINED AND/OR
INTEGRATED LIBRARIES

The general library for patients and staff, and the library for staff professional needs being administratively combined, and with the same librarian in charge of both libraries. The library units may be adjacent, or physically separate, or, less commonly, the stock may be integrated into one library.

HOSPITAL LIBRARY

A general library in a hospital providing a recreational, educational and information service for patients and staff, but with no medical or nursing text books. (See also note in the Introduction on page 2).
'Hospital library' is shortened to 'library' in the text.

OUTREACH

For the purpose of these Guidelines 'outreach' covers services to hospital patients, handicapped people in the community (whether in their own homes or in institutions, or attending day centre) but excludes prisoners, the socially disadvantaged, ethnic minorities and ordinary bookmobile services.

SPECIALLY PRODUCED
BOOKS

Books which are specially produced for those whose reading age is lower than their chronological age; books for the blind with tactile text and illustrations; books for the deaf with print and deaf signs etc.

TALKING BOOKS/
SPOKEN WORD
CASSETTES

Books recorded especially on to tape or disc for those who are unable to read normal print books.

INTRODUCTION

The Section has been concerned with standards for a number of years. The first published document was in French in Libri 10 (2) 1960 141-6, with an English abstract in Hospital Abstracts 1961/1063. Then from 1965 further work was undertaken and 'IFLA standards for libraries in hospitals (general service)' published in Unesco Bulletin for Libraries Vol XXIII No. 2 March/April 1969 70-5.

The wider interests of the Section were covered in paragraphs 53-61 of the IFLA Public Libraries Section Standards for Public Libraries published by Verlag Dokumentation in 1973, when not only services to hospitals were included but also those to housebound readers; the visually handicapped, including the blind; day centres, clubs and residential homes for the elderly; prisons, remand homes and detention centres. As these interests were dealt with in the overall context of the public library service the coverage was, of necessity, brief.

The question of updating the standards and widening their scope was raised at IFLA meetings in Brussels in 1977, and a paper on the subject was presented by Jean Clarke in Strbské Pleso, 1978. At the meeting a resolution was passed to set up a Working Group to revise the standards. It was also agreed that the revision should include services not only to hospital patients but also to handicapped people in the community. Services to prisons, remand homes, etc. were excluded because, although these may sometimes be organized by the same library department as services to hospital patients and handicapped readers, this is not necessarily the case in all countries nor do the Section's terms of reference cover services of this kind.

At its first meeting the Working Group realised it was not possible to draw up exact standards. It was therefore agreed that Guidelines, based on the experience of a number of librarians in the field, and taking into account the work already done by a number of national library associations, would be more helpful. Thus the Guidelines point out the essential features of services to disabled people and suggest alternative ways of setting up services according to local conditions, as there is no one pattern suitable for all countries. It is hoped this flexible approach

will be helpful both in developed and developing countries, enabling them to adapt the Guidelines according to local conditions whether financial, geographical or social.

Although the term 'hospital library' is used in the title, meaning a library which provides reading material of a general nature to patients and staff, as opposed to medical, nursing or administrative material, it is realised it has a different meaning in some countries. There is, however, no short, acceptable term which can be used in its place. Definitions of other terms used in this document are to be found on page iii - iv.

Work on the Guidelines has been carried out by meetings of, and correspondence between, members of the Working Group. The first draft was circulated to other Sections within the IFLA Division of Libraries Serving the General Public and to the Section's Round Table of Libraries for the Blind and the AV Round Table. The second draft was referred to all members of the Section for comment and was discussed at Leipzig, 1981.

The Working Group would like to thank all Sections and Round Tables which helped in the preparation of this document, especially the Public Libraries Section. There are too many people to name individually but special thanks are due to Bodil Pors and Jes Petersen (Denmark), Arthur Jones, M. Joy Lewis, and Max Broome (UK) and to SPÄI (Swedish Planning and Rationalization Institute of the Health Service).

I. THE ORGANIZATION OF LIBRARY SERVICES FOR DISABLED PEOPLE

1. Needs and objectives

Libraries should aim to serve all groups of the population however specialized their needs. Reading is one of the few recreations available to some hospital patients and disabled people in the community. It is very important to stimulate the minds of those who are unable to lead a normal life because of their disability and this is especially so for those who are long-term residents in hospitals and institutions. The therapy of reading can play a vital role in the rehabilitative process. The educational needs of disabled people, wherever they live, must not be overlooked.

Some disabled people may be able to visit the library and once there may need help from the library staff and/or special materials. Other people, with a temporary or permanent disability, may never be able to visit a library and therefore require special library services in their own home, or in a hospital or institution; such services can help to overcome feelings of isolation. These people can vary in age, (from very young children to elderly people), in background and circumstance.

There are some who may have difficulties in reading and therefore need special consideration. Some difficulties may be due to visual handicap, deafness, mental handicap, mental illness (of a temporary or permanent nature), aphasia etc. Other people may have a motor handicap and be unable to hold a book or turn a page. Finally there are those for whom reading itself is the handicap e.g. dyslexics and people unaccustomed to reading. Together these disability groups constitute a considerable part of the population and should be given more attention by public libraries.

2. Unesco Public Library Manifesto

The needs of disabled people are expressed in the Unesco Public Library manifesto as follows: 'There is increasing concern with the welfare of the elderly and all handicapped people. Problems of loneliness, and mental and physical handicaps of all kinds can be alleviated in many ways by the Public Library.'

Improved means of access, provision of mechanical reading aids, books in large print and recorded on tape, service to hospitals and institutions and personal service to the home are some of the ways in which the Public Library can extend its services to those who need it most.'

3. Materials and equipment

Books in large print, books suitable for those with reading problems and books with specially adapted contents should be available from all public libraries. Far too few books in these categories are published and public libraries should use their influence and governments give subsidies, where possible, to encourage publishers to produce this material. .

Talking books, recorded especially for blind people (and in some countries available to disabled people as well) and commercially produced spoken word cassettes should be made available to blind and disabled people who may make better use of literature in this way. Ideally all relevant titles should be issued in this way. Public libraries should hold tapes and cassettes and co-operate with national and local agencies providing talking books and other AV material. The same should apply to books in Braille and books recorded on videotape for deaf groups and other groups with language difficulties. The material referred to should be made available free of charge.

Publications which are particularly suitable for these purposes, in whatever media, should be given greater publicity by means of lists, available in all public libraries; ideally the lists should be available on tape and in braille. The same should apply to lists of reading aids. It is recommended that public libraries provide simple reading aids for demonstration and use on the premises.

In some authorities the library service is responsible for making reading aids available for those with registered disabilities.

Libraries should be aware of developments in more complex reading aids for blind and deaf people and be prepared to experiment in the installation of such aids in libraries, taking the advice of national and local agencies. Library staff should also be able to give advice on the

acquisition of reading aids and on the availability of funds to assist disabled people to purchase or hire them.

4. Public library buildings

Ideally library premises should be so located and designed that disabled people, including those using wheelchairs, can make full use of them without assistance or difficulty. Insofar as finances allow, buildings should have wide passageways, shelving not higher than five shelves, clear guiding, labelling and lighting, tactile marking (including a plan of the lay-out of the library), 'deaf loop' system for hearing aid users, coloured lines painted on the floor to indicate main traffic routes, etc. A toilet for disabled people should also be provided.

Where a central bookstock specifically for service to housebound readers is provided (see page 18), and specialist staff appointed, space is needed for offices and to house the collection.

II. HOSPITAL LIBRARIES (non-medical) INCLUDING SERVICES IN LONG-STAY AND SPECIALIST HOSPITALS AND INSTITUTIONS

Services to patients and staff in hospital: excluding medical library services.

1. Organization

The organizing of a hospital library service for patients and staff varies in and within the different countries. Some countries are obliged by law to offer such library service, and give subsidies from central government funds, whereas others leave it to the discretion of each public library or health authority or to philanthropic voluntary organizations. Health institutions do, however, have an indisputable need of a good library service, but requirements will vary depending on whether it is a short or long stay institution, and what type of clientele is to be served. In institutions for the mentally handicapped, for example, particularly heavy demands will be made on the materials and the library staff.

In principle the same authority which is financially responsible for running the institution should also be financially responsible for the library for patients and staff. It may be possible in some countries for hospital library services to be organized as part of an area or regional network, with funding from all participating libraries or from central funding.

It is of fundamental importance that the library in the hospital should serve not only the patients but also the staff; the staff then get acquainted with the services provided and may co-operate with the library staff in various ways.

Such a library could be organized as:

- a) a branch of the public library
- b) an independent library in an institution

The library may be a combination of the medical and general library - an integrated or combined library *

When two or more parties (for instance a medical library and a general

* see definitions on page iii

library) are collaborating it is important that a balance is maintained between the parties according to the original objectives for the service and this must be ensured through a written agreement or policy statement.

It is important that ill and disabled people should have access to the same quality of service as that available in the ordinary library system. The library therefore should provide the same range of facilities as any public library. However the nature of the institution and its occupants must influence the choice of material and the library staff must be aware of the special demands which different kinds of handicap (aphasia, deafness, mental handicap etc.) make on the library service. Children must as far as possible be served by specially trained personnel.

The library service is part of the rehabilitative process and the librarian should work together with other health professionals towards this end. The importance of health information for patients is increasingly being recognized.

2. Staffing

a) General comments

Whether the library is part of the public library system or whether it is an independently organized service it cannot work satisfactorily if it is isolated from the rest of the hospital or from the public library system. The library staff must be fully aware of the requirements and submit to the rules of the institution, and mutual exchange of ideas between the public library and the library for patients and staff should be of advantage to both.

Staff working in hospital libraries need personal qualities not always needed in other libraries, especially those serving psychiatric and mentally handicapped people.

b) Activities which need to be taken into account when setting staffing levels

Hospital library work is staff intensive because of the following factors:

- i the need for regular ward visits with a library trolley,

an essential part of an overall service

- ii patients, when visiting the library, quite often need more help in selecting their books than most borrowers in a normal public library branch
- iii the lending of audio-visual and other non-book materials which are frequently needed
- iv the assessment and provision of technical reading aids
- v possible involvement in cultural activities in the library and elsewhere in the hospital
- vi the need to maintain close liaison with other professions in the hospital e.g. occupational therapists, speech therapists, social workers, as well as with medical and nursing staff, and with managerial staff in the hospital
- vii certain categories of patients e.g. paediatric, neurological, ophthalmic, psychiatric and geriatric people, will need more time spent with them, whether or not they are in special units within the general hospital
- viii the assessment and need for bibliotherapy, in co-operation with other health professionals
- ix the need to promote services regularly, especially in acute hospitals, where patient turnover is fast

3. Services

a) Acute hospitals (see definitions on page iii)

Initially a hospital of 400 - 500 beds and with a staff of 700 - 1000 requires at least one full-time librarian plus full-time clerical help. More staff will be required if the service is to be developed from a minimum service. For example:

- i two visits to each wards with a library trolley per week rather than one
- ii the provision of talking books and music cassettes for patients and the maintenance of materials and machines
- iii planning storytelling sessions and other cultural activities etc.

Other help may be needed in older hospitals with long distances between the library and the wards.

The library should be open for a minimum of three hours each day and there should be sufficient staff to make this possible, even during holidays and periods of staff sickness.

Hospitals with more than 500 beds require additional staff, plus clerical help, according to their size, bearing in mind the number of wards to be visited, to provide even a minimum service.

b) Long-stay and specialist hospitals and institutions

Although there may be fewer beds in these than in some other hospitals the librarian needs to give more time to each individual patient as well as being called upon to promote cultural activities. The aim should therefore be for one librarian for approx. 300 beds plus full-time clerical help. Examples of long-stay and specialist hospitals and institutions are psychiatric, mental handicap, orthopaedic, neurological, paediatric, tuberculosis, and geriatric.

In some psychiatric (mental illness) hospitals, patients may work in the library to assist in their rehabilitation and the librarian needs time to supervise such patients.

c) Small hospitals

It is uneconomic for small hospitals each to have a full-time librarian and therefore services to such hospitals should be provided on a group basis, with library staff visiting once or twice a week, or, in some cases, a part-time librarian may be employed.

4. Bookstock and other materials

Patients in hospital have a right to a bookstock of as high a standard in content and condition as the reader could expect outside the hospital. Bookstock requirements are different in 'short-stay' and 'long stay' hospitals; generally speaking 'long-stay' hospitals need a larger stock or at least a stock which can be exchanged regularly to refresh it. In terms of books per bed a higher pro-

portion is needed in small hospital units, again with access to a collection upon which to draw when the patients' needs cannot be satisfied from what is on the shelves. For example, the needs of patients wishing to read books in a foreign language cannot easily be met from a static stock.

The stock should also include books in large print, picture books and specially adapted and produced materials. Magazines and newspapers should be provided wherever possible.

Braille books should be available in the hospital library or accessible through interlending schemes from national or local sources.

The library in a hospital with 400 - 500 beds and a staff of probably 700 - 1000 should aim to build up a stock of 4,000 items (i.e. books and AV material); this is the minimum effective stock to provide for the wide variety of books and materials required for this number of patients and staff. It is advisable to have arrangements whereby books can be exchanged on a regular bases to refresh the stock and, as already mentioned, this is especially necessary in long-stay hospitals. Smaller hospitals e.g. 200 - 300 beds, would need a minimum effective stock of 2,000 items and similar exchange items.

Hospitals with less than 200 beds require a minimum effective stock of 800 - 1,000 items, provided that individual requests can be supplied quickly from a back-up source. There should be arrangements to exchange part of the stock regularly, and supplement the number according to the size of the hospital and the demands made on the stock. Where hospitals have children's beds the stock should be larger as children's reading requirements are greater than adults.

An annual budget is essential in order to buy new books, tapes, cassettes (spoken word and music), pictures for art lending, slides etc. As already mentioned some of the book stock should be exchanged and supplemented from other sources e.g. the public library system.

Where large central collections of AV material exist it is both economic and sensible to arrange for deposit collections to be lent

to hospitals and exchanged regularly; this could be especially important in small hospitals and institutions.

Talking books and, if possible, talking newspapers and talking magazines, should be available to people who, for a variety of reasons, are unable to read printed material e.g. the permanently blind, those with temporary visual problems caused by drugs, diabetes, multiple sclerosis, and other neurological diseases and conditions. Some of the material required may be part of the hospital library's own stock but borrowing arrangements should exist locally or nationally to ensure a steady supply for those patients needing it.

Technical reading aids (e.g. book holders, manual or electrically operated page turners, magnifying aids, tape recorders that are easily operated [at variable speeds], prismatic spectacles etc.) should be available in the hospital. According to local conditions they may either be provided from the library or from other departments e.g. occupational therapy department. As it is the librarian who encounters the patient needing a technical reading aid s/he should be responsible for seeing that the need is met regardless of which department holds the aids.

Some aids are needed for use in the library itself, possibly including a closed circuit television (CCTV) reading aid.

The hospital's collection of reading aids may also be used as a demonstration collection for community health staff and also for librarians working with disabled people in the community.

5. Accommodation

a) Introduction

The area of the library will depend on the following parameters or interrelated factors:

- i number of beds in the hospital/number of hospital staff/type of hospital
- ii the objectives set for the library's operations

- iii the activities to be included e.g. lending, listening to tapes, cultural activities

It is necessary to decide at the earliest stages of planning what materials the library should offer and in what way they should be made available to the users

- iv the scope and size of the various services; the following must be determined:

bookstock; size and range

number of periodicals

AV material; size and range

reading aids, number and range

number of seats for reading

number of seats for individual listening to tapes and discs

number of staff

b) Location

The library should be located as centrally as possible, close to the shop, cafeteria, hospital information counter, bank, etc.

- > Lifts to the wards should be near by to make the library easily accessible from other floors of the building. On no account should the library be physically isolated.

c) Entrance

The library should be clearly signposted. The entrance should be readily recognizable and invite entry. Where possible glazing should be used to make the interior visible from the outside but care must be taken to mark all glass in such a way that visually handicapped people do not walk through it.

The doors should be easy to open (push-button, sliding or automatic doors) or designed to stay open when required (fitted with a holding mechanism) and should be wide enough for the passage of wheelchairs. Where extension activities are carried out in the library, especially those for children, the doors should, if possible, also be wide enough to allow the passage of beds. There should be no raised threshold or steps. A toilet for the

disabled should be located near by. A box for returned materials and a notice board outside the library are desirable.

d) Space planning

In the main area, open to all, the book shelves should be arranged to facilitate browsing. This calls for bookstack layout that allows ease of access with ample room between stacks. There should be suitable reading and listening areas. The lay-out should provide for both reader privacy as well as social interaction. Besides its traditional role the library has a social function: hospital staff and patients are able to meet on neutral ground, therefore it is important that the library environment differs from the rest of the hospital.

e) Lighting

Adequate lighting is needed for reading and for scanning vertical surfaces of books on shelves as well as attractive focal point lighting for such features as displays. It is important that wherever possible the library should have access to adequate natural lighting.

f) Shelving for books

In hospital libraries it is particularly important that shelving should be of stable construction and permit flexibility of arrangement. Bookstacks against walls should not have more than five shelves and (double faced) island stacks only four, when practical, unless used as a partition. It is especially important not to locate the bottom shelf lower than 30 cm.

Approximately 30 books can be accommodated on one linear metre of shelving. Folio volumes, like picture books, are best kept in trays or troughs, at a convenient height for selection, this makes them more easily accessible to readers in wheelchairs. Shelving for braille books will also need special consideration.

Reference books and dictionaries should be located on special units with a pull-out leaf underneath.

g) Shelving for periodicals

Display shelves are needed for current issues of periodicals and newspapers. Adequate storage facilities will be required if back numbers are kept.

h) Shelving and storage of AV materials

AV materials can be stored in many different ways: on ordinary book shelves, suspended from holders, on stands and in drawers and cupboards. The system chosen will depend on local circumstances.

Storage conditions for AV materials are important. Dust can cause scratching both on film and disc; excessive heat, whether from the sun or central heating, can cause discs to warp and film to deteriorate. In addition magnetic tape, such as video or audiotape materials, should be kept away from magnetic fields from, for example, fluorescent lighting and electric motors. Humidity levels are also important as condensation and dampness can cause damage to film and tape materials. Generally speaking, constant levels of approximately 70 F (21 C) and 50% humidity would be acceptable for these media.

i) Circulation space

As in a public library passageways in a hospital library should be wide enough for a wheelchair to pass a browsing reader or a book trolley. There should be a minimum of 1.6 m between stacks. Main gangways need to be 2 - 3 m wide. Ample space is also required in front of the service desk, the catalogue and the reference collection. Space is also required for the loading and unloading of book trolleys.

j) Reading areas

The library must be able to offer seating both for individuals and for groups. The chairs must be designed for comfortable use and with arms to make it easier for elderly and post-operative patients and those on crutches to get up.

Recommended space per reading place: 2.5 sq. metres

Recommended space per study place : 4 sq. metres

A library serving 500 beds needs at least 15 to 20 reading places.

k) Listening and viewing places

Listening places are seats where people can listen individually, through earphones, to talking books and other tapes and discs from the hospital's collection.

Viewing places are where individuals may use CCTV, video cassette recorders and other viewing devices.

NB Listening and viewing places are part of the total number of reading places. Sufficient electric power points must be provided.

l) Children's area

If the hospital has beds for children part of the library should provide for their needs. The shelving, equipment and reading facilities should be of suitable dimensions for use by children.

If special activities such as film shows and puppet theatre are to take place in the library additional areas should be designed for the purpose.

m) Art lending

Art lending is the lending of pictures, originals or reproductions, or other works of art so that patients can view them in their own rooms and change them from time to time. Art lending is mainly a ward activity and is generally confined to long-stay hospitals. An allocation of space for storing the art collection and a trolley is therefore generally sufficient. An area in which to hold art exhibitions should be considered when planning the library.

n) Service desk

The service desk is usually of the all-purpose type with issue and return as well as information and control functions. Although it may be planned for single manning the service desk should accommodate two work places and should enable supervision of the library room and the entrance and at the rear should communicate with the library staff areas. The area needed for a two-person service desk, including space in front of it for library users, is 20 sq. metres.

o) Storage space

Storage space is needed in the service desk or adjoining staff area for:

- i non-current books and periodicals (if the library is to be self-sufficient to some degree)
- ii library stationery, packing materials etc.
- iii technical equipment, reading aids, book trolleys etc.

There should also be adequate space for the unpacking of books and other materials.

p) Offices

Office space is needed for administration and the technical processing of AV materials e.g. re-winding cassettes, checking machines after use etc.

The number and size of the offices will depend on the number of employees or full-time equivalents(FTE's) likely to be on duty at any one time. The administrative chief of the library should have his/her own office with adequate space for consultations.

The working space per head of staff (or FTE) should be at least 10 sq. metres which should increase to 12 sq. metres per person if processing of AV materials is undertaken as this takes up more space than ordinary office work.

In larger hospitals library personnel need access to conference rooms for staff meetings etc.

q) Staff room

If separate facilities for library staff are provided they should be located within the library premises and should be of the same standard as those for other hospital personnel. It may however be considered more desirable that library staff should be encouraged to use the same facilities as other hospital staff.

r) Small health care units

In small hospitals, with up to 100 beds, adequate space must be provided to shelve the books and other materials and give the patients and staff easy access to the collection. If a room is provided exclusively for library services it needs to be at least 30 sq. metres. Lockable storage space must also be provided for book trolleys, technical equipment, valuable AV materials, books in need of repair, requested books awaiting collection, as well as for the personal property of library staff. (Minimum size of storage room: 15 sq. metres).

III SERVICES TO DISABLED PEOPLE IN THE COMMUNITY

1. Introduction

However well designed public library buildings may be to meet the demands of different groups of disabled people there will still be some people who need a service in their own home, as well as those in institutions, day centres etc. The need for this kind of service is likely to increase steadily because of the tendency to encourage elderly and disabled people to live in their own homes as long as possible. Provision of such services will be decided locally, according to local conditions.

Disabled people in the community, unable to visit the library, have the same rights as other users and therefore guidance from qualified staff should be available to them.

Knowledge of books, including adapted materials, and up-to-date information on reading aids etc. is needed for library service to disabled people as the advice of the librarian is often sought. Staff should also be aware of the need for community information, knowledge of rights for disabled people etc.

Lists of new acquisitions, selection lists and bibliographies should be available to disabled people and it is important to teach the reader how to use this information to make his/her own selection of titles that he/she requires. (The main selection method used by visitors to public libraries is browsing at the shelves therefore anyone unable to visit the library is more dependent on bibliographical aids.) A system of making requests by telephone should be available to those unable to visit the library.

In large library systems it may be desirable to build up a central bookstock specifically for use in the service to housebound readers and for deposit collections in homes, institutions, etc. When a central collection is formed it should contain fiction, non-fiction, AV materials. A central bookstock should be large enough for 25% of the total to be held in the pool at any one time. There will still be a need for access to the stock of the library system as a whole

for requests not in the central collection.

Wherever feasible mobile libraries should be used as a means of providing a service to housebound people, institutions, etc. In this way a wider selection of material is made available than is possible through deposit collections and the regular assistance of a librarian is at hand. If possible an hydraulic lift should be provided in order to help wheelchair users and other handicapped readers get into the mobile library, or steps with a low bottom step where no lift is possible. It is realized there may still be a need for a deposit collection in some institutions and visits to those individuals unable to leave their homes and enter a mobile library.

Library services to disabled people in the community, especially those to individuals in their own homes, are very staff intensive and time consuming. There can also be a physical and emotional strain on librarians engaged in such services.

2. Housebound

a) Organization of the service

Services to housebound readers can be organized in several ways. The main aim is to provide access to as wide a range of materials and information as possible, given the limits of taking the service to the reader.

The following are some methods of organization:

- i centralized as a special department within the main library of an administrative system or area e.g. county, region or municipality
- ii delegated to a branch library to provide service within its catchment area

(As already indicated a mobile library may be used)

In both i and ii the service may be provided by regular staff who also have other duties in the library system

or

by appointing special professional or trained staff for this work.

When choosing a model of organization one should consider which solution will give the most effective service. There might be advantages for the user being assisted by the staff of the library which he has used earlier; he may prefer that instead of service from a special department.

b) Assessment of need

Before anyone is accepted on the list of people to be visited regularly a librarian should go to see the prospective user to assess their suitability for, and need of, housebound service, bearing in mind the desirability of a person continuing to make personal use of a service point as long as he is able to do so. (If a personal visit is impossible then a telephone call should be made to the prospective borrower; it should be stressed, however, that there are many advantages to be gained from a personal visit.) Discussions may need to take place with social workers and members of other professions e.g. doctors, community nurses, as to what criteria are to be used in accepting people for the service. Acceptance for the service may well be governed by the level of service available, taking financial restrictions into account. During the visit the person's disability can be assessed in relation to reading needs e.g. physical or visual handicap requiring special format of material, special requirements concerning communications (especially deaf and blind people, access to the house etc.). Last, but not least, the person's reading interest must be noted.

c) Selection of material

It is desirable that the librarian should make some pre-selection of titles, according to known requirements and interests of the reader. A record of readers' interests is useful and an aid to good selection. It is necessary to build up an efficient record of loans to prevent the same titles going to the same user twice.

d) Visiting

Whatever the organizational model adopted the visit can be made by

- i a librarian selecting materials for the individual reader which are then delivered to the reader by another person.
The librarian should visit the readers twice a year, (or more if feasible) and at other times on request, to update requirements; telephone calls can be made to the reader when necessary
- ii a librarian selecting the materials and making the visit herself/himself

Time needs to be allowed for dealing with requests, updating readers' interest cards, searching for requested information, etc.

The number of visits per day and per week will vary according to local circumstances viz.

whether or not pre-selection of materials takes place

whether the visits are being carried out in a built-up area or in a sparsely populated area.

In some countries delivery may have to be made by mail or by using whatever form of delivery is available, especially in sparsely populated countries.

Visits to individual housebound readers should be made at least every three weeks. If local circumstances are difficult the maximum interval should be no more than four weeks for any service. There should, therefore, be no unreasonable limit to the number of books and other materials lent to any one user.

e) Publicity

The public library should continually acquaint the community with the existence of its service to housebound people through pamphlets, exhibitions, lectures, local radio stations, local newspapers and through contact with local organizations for disabled and elderly people; in particular it should inform home helps, doctors, community nurses, and people working in service and social centres

for the aged and disabled. The need for a regular budget for publicity purposes should not be overlooked.

Where feasible efforts should be made to encourage and enable housebound readers to make at least one visit to the library each year. Not everyone would wish to avail themselves of such an opportunity but such a visit may sometimes be arranged with the co-operation of local authorities and/or other organizations who may assist with transport. The visit should be made useful and memorable by a special programme of activities arranged by the library.

3. Other outreach categories

a) Introduction

The public library should offer to provide a library service to all day centres, clubs, residential homes and institutions for elderly people, physically disabled, mentally ill and mentally handicapped people within its area, either by means of a mobile library or through deposit collections; visits from a librarian to give help and guidance are also required in the latter case.

How much use is made of deposit collections is governed to a certain extent by the co-operation and encouragement given by the centres' staff. Despite the provision of reading material in clubs, institutions etc. people in them should still be encouraged to visit the library, either singly or in groups.

b) Day centres and clubs

Day centres and clubs, for any type of group, should have a deposit collection of books exchanged on a regular basis. The librarians should visit the day centres and clubs regularly, the frequency of the visits being decided locally, according to pressures on the librarian's time.

c) Residential homes and institutions

All residential homes and institutions, for whatever group of people, require a deposit collection (according to the number of occupants), exchanged on a regular basis and/or visits from a mobile library where feasible.

Deposit collections should be on a scale of 3 - 6 books per person (including AV materials), with an absolute minimum (in small homes) of 300 volumes, exchanged at least twice a year, but no home, however small, should have less than 300 volumes.

The librarian should visit the occupants who are unable to leave their rooms/apartments with a library trolley on a regular basis (preferably once a fortnight). This trolley service should be based on the deposit collection.

An individual request service is also required. Library shelves (or, in large homes, a room set aside for the purpose) are required with free access to the deposit collection by the inhabitants. For homes with less than 30 occupants there should still be a deposit collection, changed regularly, (at least four times a year) together with an individual request service. This service should be complimented by a service to individual home bound readers where individuals require it or where there are fewer than six readers.

IV EDUCATION AND TRAINING

1. General requirements

A good general library education, including the needs of the sick and the elderly, supplemented by opportunities for more intensive training to meet special requirements e.g. special materials and techniques, is required for those working in hospitals and with disabled and elderly people in the community. It should be remembered that work in this field is continually changing due to various social and technical factors.

In all education for librarians (whether by correspondence courses or by full or part-time attendance at college or university) the need to include education regarding library services to hospital patients and disabled users in the curriculum should be brought to the attention of authorities responsible for syllabuses. Studies should not only be theoretical but should also include visits to, and if possible work in, hospital or institution libraries or a housebound readers service.

2. Specific education and training

The following suggestions for specific education and training should be included for all librarians and in refresher courses for librarians already working in this type of library.

a) Management

- setting up and developing library services to hospital patients and handicapped readers
- centralisation/decentralisation of the library services
- knowledge about the technical equipment needed for this type of service
- liaison with health professionals e.g. social workers, occupational therapists
- cost calculating and budgeting
- long term planning
- personnel management

b) Information on and promotion of the service

- knowledge of the health care service and care for the aged and disabled people of all ages and groups
- which people, which groups need to be reached
- research into the groups of users and the materials they require
- information on and co-operation with organizations/institutions for handicapped people

c) Illness and handicap

- the psychology of illness, mental and physical handicap and of advanced age; the effects, how to associate with them etc. e.g. the possibility of (some) staff becoming adept at the appropriate sign language in order to communicate with those with hearing difficulties
- knowledge of technical and optical reading aids in co-operation with other departments or organizations in the field of health care

d) Book and audiovisual material promotion

This refers to the promotion of special library services, reading materials and audio and audiovisual materials, adapted materials, etc. suitable for the target group and for information related to the materials on behalf of the target group and to, for instance, nursing staff, group leaders, social workers.

- giving lectures
- introduction of groups to the public library or to the library facilities of the hospital or institution
- stimulating reading circles in an institution
- organizing exhibitions
- promotion of library services through publications e.g. pamphlets

Every group has its specific requirements and needs a different approach; this is demonstrated by the selection of materials, subjects, the composition and duration of an introductory lecture.

V REPRESENTATION WITHIN NATIONAL LIBRARY ASSOCIATIONS

Desirability of a Section on library services to the disabled

It is desirable to have a Section of hospital and outreach librarians, providing services to disabled people, within a national library association. The Section should provide a forum for discussion and the exchange of experience for librarians who work within these fields, and should arrange meetings and courses for its members and other interested persons. Within the parent association the Section should be a source of information on these matters, and should be consulted on all appropriate occasions. Furthermore, the Section should consider it a duty to influence libraries to give higher priority to work of this kind. The Section might find it useful to appoint working groups or sub-groups in particular fields such as library service in hospitals, library service for the mentally handicapped etc.

The Section should establish relations with other Sections of the national library association, especially with health sciences librarians, children's librarians, and should co-operate with them on relevant matters.

Select list of standards, guidelines and similar documents

BELGIUM

Conseil Nationale Bibliothèques d'hôpitaux. Standards.
Bruxelles: CNBH, 1968.

DENMARK

Betaenkning om sygehusbiblioteker. Afgivet af den af Bibliotekstilsynet,
October 1970 nedsatte arbejdsgruppe for sygehusbiblioteker. København:
Bibliotekstilsynet, 1973. 51 pages [Report on hospital libraries.
Danish text. English summary: pp 27-28].

Biblioteksbetjening af aeldreinstitutioner. Biblioteket kommer:
rapport om biblioteksbetjening af aeldreinstitutioner m.v. fra en
arbejdsgruppe nedsat af Bibliotekstilsynet December 1973. Ballerup:
Bibliotekscentralen 1975. 41 pages. [Library service to old people's
homes ... Danish text. English summary: pp-27-28
German summary pp 29-30].

FEDERAL REPUBLIC OF GERMANY

Richtlinien für Öffentliche Krankenhausbibliotheken. 3rd ed.
Berlin: Deutsches Bibliotheksinstitut, 1983.

THE NETHERLANDS

Guidelines for library work for hospital patients and handicapped readers
In: Guidelines for public library work. Chapter 7 pp 66-80.
The Hague: NBLC, 1980.

NEW ZEALAND

New Zealand Library Association. Standards for library services in
health authorities. Wellington: NZLA, 1978.

NORWAY

Bibliotekstjenesten i helseinstitusjonene. Retningslinjer for bibliotekstjenesten for pasienter/klienter. Organisering og finansiering av virksomheten. [The library service in health institutions. Guidelines for library service to patients/clients. Organization and financing of the service]. Oslo: Statens Bibliotekstilsyn, 1983.

SWEDEN

Sjukhusbibliotek: en översyn av de allmänna bibliotekens verksamhet, organisation och arbetsformer. [Hospital Libraries: a survey of activities, organization and working methods in general libraries]. Lund: Bibliotekstjänst, 1976.

Socialstyrelsen m fl. Barn på sjukhus: lekterapi, bibliotek och skola. [Children in hospital: play therapy, library and school]. Stockholm: Spri, 1979 (Spri rapport 1979: 6)

Spri. Bibliotek på sjukhus: planering och användning av lokaler. [Libraries in hospitals: planning for activities]. Stockholm: Spri, 1982. (Spri rapport 96)

UK

Library Association. Guidelines for library provision in the health service. A consultative document. London: LA, 1978.
Re-issued with amendments 1980.

Library Association. Library support for health care services. A policy statement. London: LA, 1980.

USA

Association of Hospital and Institution Libraries. Hospital Library Standards Committee and American Library Association. Standards for library service in health care institutions. Chicago: American Library Association, 1980.

YAST, H. Standards for library services in institutions. B In the health care setting. Library trends 21(2) October 1972 267-285.

INTERNATIONAL

IFLA Section of Public Libraries Standards for public libraries
München: Verlag Dokumentation, 1973. paras. 53-61.

The series, IFLA Professional Reports, is published under the auspices of the Professional Board by the IFLA Secretariat. The publications in the series are available from IFLA Headquarters, POB 95312, 2509 CH The Hague, Netherlands for Dfl 15.00 or US\$ 5.00, or their equivalent in other currency, including airmail postage. Please enclose a check or money order when placing your order. Unesco coupons are also accepted.

1. Books for the mentally handicapped: A guide to selection. Compiled by Margaret R. Marshall, Sancia Simonis-Rupert and Susanne Holst.
2. Guidelines for libraries serving hospital patients and disabled people in the community. Compiled by a working group chaired by Jean M. Clarke under the auspices of the Section of Library Services to Hospital Patients and Handicapped Readers.